

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lmo</i>		
O.I.P.E. CLASSIFIER		<i>59</i>	<i>10-5</i>
FORMALITY REVIEW	<i>DSS</i>	<i>65185</i>	<i>10 14 48</i>

INDEX OF CLAIMS

Rejected N
 Allowed I
 (Through numeral) Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

Claim	Date	Claim	Date	Claim	Date
1	10/14/48	51		110	
2	10/14/48	52		112	
3	10/14/48	53		113	
4	10/14/48	54		114	
5	10/14/48	55		115	
6	10/14/48	56		116	
7	10/14/48	57		117	
8	10/14/48	58		118	
9	10/14/48	59		119	
10	10/14/48	60		120	
11	10/14/48	61		121	
12	10/14/48	62		122	
13	10/14/48	63		123	
14	10/14/48	64		124	
15	10/14/48	65		125	
16	10/14/48	66		126	
17	10/14/48	67		127	
18	10/14/48	68		128	
19	10/14/48	69		129	
20	10/14/48	70		130	
21	10/14/48	71		131	
22	10/14/48	72		132	
23	10/14/48	73		133	
24	10/14/48	74		134	
25	10/14/48	75		135	
26	10/14/48	76		136	
27	10/14/48	77		137	
28	10/14/48	78		138	
29	10/14/48	79		139	
30	10/14/48	80		140	
31	10/14/48	81		141	
32	10/14/48	82		142	
33	10/14/48	83		143	
34	10/14/48	84		144	
35	10/14/48	85		145	
36	10/14/48	86		146	
37	10/14/48	87		147	
38	10/14/48	88		148	
39	10/14/48	89		149	
40	10/14/48	90		150	
41	10/14/48	91			
42	10/14/48	92			
43	10/14/48	93			
44	10/14/48	94			
45	10/14/48	95			
46	10/14/48	96			
47	10/14/48	97			
48	10/14/48	98			
49	10/14/48	99			
50	10/14/48	100			

If more than 150 claims or 10 actions
staple additional sheet here

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